



U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE

REQUEST FOR CONTINUED EXAMINATION (RCE)

TRANSMITTAL FORM (37 C.F.R. § 1.114)

FW
RCE
2876

DOCKET NO.
2345/165

APPLICATION SERIAL NO.
09/937,923

EXAMINER
Edwyn Labaze

ART UNIT
2876

APPLICANT(S):
Joerg SCHWENK; Tobias MARTIN

Address to:
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
Mail Stop RCE

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

Date: Nov. 16, 2004

Signature: [Signature]
Linda M. Shudy (Reg. no. 47,084)

This is a **Request for Continued Examination** under 37 C.F.R. § 1.114 (RCE) of pending application Serial No. 09/937,923 having a filing date of December 20, 2001, entitled METHOD FOR GENERATING IDENTIFICATION NUMBERS.

The following constitute(s) the submission **required** by 37 C.F.R. § 1.114(a) and is (are) attached:
☒ Information Disclosure Statement (as per 37 C.F.R. § 1.114(c)) (attached).
☐ Other Submission: _____

1. The filing fee for this RCE and the required amendment/submission is calculated below. The fee below is calculated based on the status of the claims after the entry of the attached amendment/submission. The fee for any new additional claims is included with this RCE, the fee for previously entered additional claims having already been paid.

	CLAIMS REMAINING AFTER AMENDMENT	MINUS	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT NUMBER EXTRA*	RATE (\$ PER CLAIM	FEE (\$)
BASIC FEE						790.00
TOTAL CLAIMS	24	20	24	0	18.00	0.00
INDEPENDENT CLAIMS	3	3	3	0	88.00	0.00
11/22/2004 HAL111 00000074 110600 09937923 01 FC:1801 790.00 DA				*Number extra must be zero or larger	TOTAL	790.00

U.S. Patent App. Ser. No. 09/937,923

2. The Commissioner is hereby authorized to charge the required RCE and Submission filing fee of **\$790.00** to the deposit account number **11-0600** of **Kenyon & Kenyon**.
3. The Commissioner is hereby authorized, as necessary and/or appropriate, to charge payment of the fees (including any additional and/or extension fees) required, associated with this communication or arising during the pendency of this application, and/or to credit any overpayment, to the deposit account number **11-0600** of **Kenyon & Kenyon**.
4. **Three duplicate copies** of this Transmittal Form are enclosed for the above purposes.

Respectfully submitted, *By: [Signature]*
Reg. No. 47684

Dated: Nov. 6, 2004

By: [Signature]
Richard L. Mayer (Reg. No. 22,490)

KENYON & KENYON
One Broadway
New York, New York 10004
(212) 425-7200 (telephone)
(212) 425-5288 (facsimile)

CUSTOMER NO. 26646